

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	3/30/01
FORMALITY REVIEW	H-S D int - 571	866	04.17.01 10/09/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	9
Original	9
1	0
2	0
3	0
4	0
5	0
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Claim	Date
Final	9
Original	9
51	0
52	0
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy

 ISSUED
 10/09/01
 C.C.
 04-17-01